

09/29/03 16805 U.S. PTO

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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  <b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	Attorney Docket No.	0315-000452/REA
	First Named Inventor	Roy J. Doecker et al.
	Original Patent Number	6,231,731
	Original Patent Issue Date (Month/Day/Year)	April 10, 2001
	Express Mail Label No.	EL 790 111 766 US

**APPLICATION FOR REISSUE OF:**  
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
  
(If Yes, check applicable box(es))  
  
☒ Written Consent of all Assignees (PTO/SB/53)  
  
☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☒ Original U.S. Patent for surrender  
☒ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ Other: \$768.00


### 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

27572

or ☐ Correspondence address below

Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270

NAME (Print/Type)	Michael Malinjak	Registration No. (Attorney/Agent)	43,770
Signature		Date	Sept. 29, 2003

21906 U.S. PTO  
10/675907



**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
0315-000452/REA**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 48	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 49	**** 1	X\$ _____	or	X\$18.00=	\$18.00
(C) 4		(D) 4	* 0	=		X\$ _____	0
				=		X\$ _____	
Basic Fee (37 CFR 1.16(h))				\$ _____			\$ 750.00
Total Filing Fee				\$ _____		OR	\$ 768.00

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 48	MINUS	** 48	=	X\$ _____		or	X\$ _____ = 0
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 4	=	X\$ _____			X\$ _____ = 0
Total Additional Fee					\$ _____		OR	\$0

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. 08-0750 in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0750.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 768.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**Sept. 29, 2003  
Date

Signature of Applicant, Attorney or Agent of Record

Michael Malinzak

Typed or printed name